

For Immediate Release:

ARE DARK DAYS GETTING YOU DOWN?

The Canadian Mental Health Association can help

TORONTO, Ontario – October 9, 2001 – It's fall. You're driving home from work and it's already getting dark. You haven't made it to the gym in weeks and all your clothes are feeling tight. You're exhausted. You know when you get home you'll eat too much pasta and fall asleep on the couch before nine - again. No matter how much sleep you get, it's still a struggle to get up in the morning. You worry and wonder how long you can go on like this.

Potentially 750,000 Canadians may be feeling this way due to a type of depression that causes them to become regularly depressed in the fall and winter. The condition is called Seasonal Affective Disorder (SAD) and can be triggered by reduced exposure to sunlight during the shortening days of late autumn and may last until spring. Many people do not recognize they have SAD because it often feels like a physical condition, like extended bouts of a bad flu.

To address this lack of awareness and to mark Mental Illness Awareness Week (MIAW), the Canadian Mental Health Association (CMHA) today launched a campaign to inform Canadians about SAD and provide unique opportunities to learn more about prevention and treatment options, such as dietary changes, brisk walks and light boxes. MIAW was launched by the Canadian Psychiatric Association in 1992 with the slogan "let's unmask mental illness." During this year's event, which takes place October 7 to 13, CMHA will do its part to unmask seasonal affective disorder and build Canadian knowledge about a disorder whose impact is often misunderstood.

On World Mental Health Day (Wednesday, October 10), several CMHA offices across the country will host interactive displays for the general public. Several locations will have light therapy machines for people to try, new SAD information brochures, and copies of a new recipe – with samples – for a wake-up banana-berry shake, courtesy of the Dietitians of Canada.

"SAD can be debilitating, preventing healthy people from functioning normally. It may affect their personal and professional lives, and seriously limit their potential," said Dr. Raymond Lam, Professor of Psychiatry, University of British Columbia and Principal Investigator of the largest SAD study to date, which is currently in year two of a three year study.

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“Existence of this mental condition has been known for over 150 years, but it wasn’t until the early 1980s that SAD was recognized as a disorder. And still, many people may be suffering unnecessarily – unaware that SAD exists or that help is available,” added Lam.

“This proactive campaign takes a health promotion approach, providing people with positive steps they can take to minimize the risk of developing SAD. Even though many people associate SAD with the “winter blues”, symptoms can appear as early as October,” added Bill Gaudette, President of the CMHA, National Division. “By the time January and February roll around, it is too late to start making simple lifestyle changes that could matter, such as pruning trees, cleaning windows, or installing a skylight.”

Some symptoms of SAD include: change in appetite (in particular a craving for sweet or starchy foods), weight gain, decreased energy, fatigue, avoidance of social situations and feelings of anxiety and despair.

Even people with severe symptoms can get rapid relief from SAD once they begin treatment. For mild sufferers, all that may be required is spending more time outdoors, increased exercise or slight dietary changes. Many people with varying degrees of SAD also respond well to “light therapy”, which is exposure to bright, artificial light. This type of therapy involves sitting near a special fluorescent for several minutes a day. For individuals who are more severely affected by SAD, antidepressant medications are safe and effective. Anyone affected by SAD should consult a healthcare professional prior to starting any kind of treatment.

The Canadian psychiatric community has been actively studying SAD and its causes. Recent findings include:

Genetic basis of SAD

Research has shown that SAD is related to seasonal changes in daylight. However, a team of Canadian researchers led by Dr. Kerry Jang of the University of British Columbia, has found evidence supporting a genetic predisposition to SAD, and that the disorder may be linked to a certain personality type.

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After conducting an extensive study involving about 300 pairs of twins (half identical and half fraternal) all with some degree of winter depression, the researchers discovered a strong correlation between certain personality traits and SAD. Furthermore, the link appeared to be caused by genetic rather than environmental factors, such as life experience and social interaction. Some personality traits most commonly associated with SAD were anxiousness, distorted thinking, and impulsive behaviour.^{1,2}

Gender differences

A different study conducted by the same group of researchers found the genes linked to susceptibility to SAD appear different in women and men. Although both sexes can inherit a predisposition to SAD, the condition is often more severe in women and leads to greater immobility.³

The banana-berry shake recipe can be found at <http://www.cmha.ca/english/sad/recipe.htm>.

To learn more about SAD please visit the CMHA website at www.cmha.ca, the UBC SAD Information Page at www.psychiatry.ubc.ca/mood/sad or the Society for light Treatment and Biological Rhythms at www.sltrb.org.

The Canadian Mental Health Association is a national voluntary association that exists to promote the mental health of all people. CMHA believes that everyone should have choices so that, when they need to, they can reach out to family, friends, formal services, self-help groups or community-based organizations.

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FOR FURTHER INFORMATION OR TO SCHEDULE AN INTERVIEW WITH A RESEARCHER OR CMHA REPRESENTATIVE, PLEASE CONTACT:

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